



Customer & Digital Services
Andrea Wyatt – Head of Service

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CONFIDENTIAL

Claim ref: _____

EMPLOYER'S CERTIFICATE OF EARNINGS (HB4: NON-DEPENDANT)

Note to Employee

This form must be completed and signed by your employer, or it will not be accepted as evidence of your earnings.

Please enter on this form your name, address, occupation, pay number and National Insurance Number. Please ensure you hand it to your employer and upon completion that it is returned to the Council. Please note if your employer has indicated below that the earnings information given is an estimate for example because you have started work and a wage slip has yet to be issued, you will be required to provide your wage slips when received – 5 if paid weekly, 3 if paid fortnightly, 2 if paid four-weekly or calendar monthly.

Name: _____
Address: _____
Occupation: _____ Pay No: _____
Signature: _____ Date: _____ Nat. Ins. No. _____

Note to Employer

Please assist your employee by confirming the details above, completing this form and returning it to him/her. The gross wage/salary should include overtime, bonus, commission, and any other payments before any deductions. **Please exclude Working Tax Credit details.**

If this is a new employment, please indicate this to be an estimate of expected earnings.
Yes / No

Please tick if paid ☐ weekly ☐ fortnightly ☐ 4 weekly ☐ Calendar monthly ☐ Other (please specify)

Is the employee currently receiving Statutory Sick Pay or Maternity Pay? ☐ Yes ☐ No



If 'Yes' please state which _____

Normal Basic Wage: £ _____

If this is an estimate, please tick the box

☐

Normal hours worked: _____

	Date	Gross Pay	Gross Pay to date	Tax Week	Income Tax	Nat. Ins.	Supn' / Pension	Other *	Net Pay
Week/ Month 1									
Week/ Month 2									
Week 3									
Week 4									
Week 5									

*Please specify _____

Date commenced employment: _____ Date of next pay increase (if known): _____

How employee is paid i.e. cash/cheque/bank: _____

Name & Address of Employer: _____

Telephone Number: _____

Employer's Official Business Stamp

I confirm that the information given is true and complete.

Signature: _____ Date: _____

Position in Company: _____

Thank you for supplying the above information.

If there is something irregular about the information e.g. estimated pay, 2 weeks' pay, holiday pay etc or you expect a change please give details on a separate sheet.

